

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042576

STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 6183 Registrar's No. 91

DO NOT WRITE
ON THIS STUB

AMENDED

FILED NOV 12 1963

| | | | |
|--|---|--|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>SUTTON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>COLE</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PORT TWP</u> | | c. CITY OR TOWN <u>JEFFERSON CITY</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SPENCER NURSING HOME</u> | | d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>EVA GERTRUDE FROMMIE</u> | | 4. DATE OF DEATH Month Day Year <u>NOV 7 1963</u> | |
| 5. SEX <u>FE</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7 1893</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>JEFFERSON CITY MO</u> | |
| 13a. FATHER'S NAME <u>JOSEPH FROMMIE</u> | | 13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE DARTON</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 17. INFORMANT <u>RECORDS</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Parkinson's Disease</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>4-1-63</u> to <u>11-7-63</u> and last saw her alive on <u>11-7-63</u> Death occurred at <u>8:15 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>W. Robinson D.O.</u> | | 22b. ADDRESS <u>Milan, Mo</u> | |
| 22c. DATE SIGNED <u>11-8-63</u> | | 22d. LOCATION (City, town, or county) (State) <u>JEFFERSON CITY MO</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u> | 23b. DATE <u>NOV 12 1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>RIVERVIEW CEMETERY</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>11-8-63</u> | | 26. REGISTRAR'S SIGNATURE <u>Mrs. M.W. Beckett</u> | |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 3792

P. O. Address Wichita, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.